



**OFFICE OF LAND QUALITY  
HAZARDOUS WASTE BIENNIAL REPORT 2005**

**IND006049456 MID CITY PLATING COMPANY INC**

Date Received 2/27/2006 Logged in ✓ ID Record created ✓

Review date <u>6/9/06</u> by <u>SG</u> Contacted handler <u>6/9/06</u> Response <u>1/1/</u> Contacted handler <u>8/3/06</u> Response <u>8/7/06</u>	Electronic Load <u>   </u> / <u>   </u> / <u>   </u> by <u>   </u> Manual Entry <u>03/15/06</u> by <u>D.B.</u> Contractor Data Entry Batch# <u>   </u>  Proofed <u>8/7/06</u> by <u>SG</u> <u>Final JRD</u>
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FORM	PAGE	SECTION	CORRECTIONS MADE BY OLQ STAFF
GM	3		Omit this page Rinsewater do not need Reported

**STAFF NOTES** \_\_\_\_\_



OFFICE OF LAND QUALITY  
HAZARDOUS WASTE HANDLER IDENTIFICATION: ID FORM

1A DELAWARE

RECEIVED

FEB 27 2006

(Instructions at [www.in.gov/idem/land/hazwaste/fda.html](http://www.in.gov/idem/land/hazwaste/fda.html))

INFORMATION ON FILE as of 12/01/2005		CHANGES NEEDED (please print)
COUNTY	DELAWARE	Reason for submittal ____ Subsequent notification to update information ____ As a component of the annual or biennial report
RCRA ID	IND006049456	
NAME	MID CITY PLATING COMPANY INC	
LOCATION ADDRESS	912 E CHARLES ST MUNCIE IN 47305	_____ ____ we moved * _____ post office change
MAILING ADDRESS	921 E CHARLES ST PO BOX 6 MUNCIE IN 47308	_____ _____ _____
CONTACT Title Address  Phone Fax E-mail	RODNEY MUZZARELLI GEN MGR 921 E CHARLES PO BOX 6 MUNCIE IN 47308  765-289-2374 Ext 765-289-2520 ROD@MCPLATING.COM	_____ _____ _____ _____ _____ _____
OWNER Address  phone fax e-mail	MID CITY PLATING CO INC 921 E CHARLES ST  MUNCIE IN 47305  765-289-2374 Ext	_____ _____ _____ _____ _____ _____ Did the owner change? ____ Yes ____ No Date changed: ____ / ____ / ____
Land type Owner type	P ____ private ____ municipal ____ county P ____ state ____ federal ____ district ____ Indian ____ other	* WARNING If you have moved you may no longer use your old RCRA ID number. IDEM will issue a number for your new location.

Contact for questions on the Annual/Biennial Report:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Title \_\_\_\_\_  
E-mail address \_\_\_\_\_ Phone # \_\_\_\_\_

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Last Name MUZZARELLI First name RODNEY Title GEN. MGR.  
Signature [Signature] Date 2-16-06

HAZARDOUS WASTE ACTIVITY	OLQ records	Status in 2005	Status in 2006
<b>GENERATOR</b> LQG = large quantity SQG = small quantity CESQG = conditionally exempt	LQG	<input type="checkbox"/> LQG <input type="checkbox"/> Non-handler <input type="checkbox"/> SQG <input type="checkbox"/> Out of Business <input type="checkbox"/> CEG	<input checked="" type="checkbox"/> LQG <input type="checkbox"/> Non-handler * <input type="checkbox"/> SQG <input type="checkbox"/> Out of Business* <input type="checkbox"/> CEG
<b>TREATMENT, STORAGE, DISPOSAL FACILITY</b>		<input type="checkbox"/> Active TSD <input type="checkbox"/> Inactive TSD <input type="checkbox"/> Completed RCRA closure <input type="checkbox"/> Post closure activities	<input type="checkbox"/> Active TSD <input type="checkbox"/> Inactive TSD <input type="checkbox"/> Completed RCRA closure <input type="checkbox"/> Post closure activities
<b>TRANSPORTER</b> S = we transport our own waste C = we transport waste for others X = transporter, status unknown		<input type="checkbox"/> We transport our own waste (S) <input type="checkbox"/> We transport for others (C) <input type="checkbox"/> No longer transport; still in business <input type="checkbox"/> Out of business	* If you checked out of business or non-handler, we will deactivate your ID number. You must reapply for the number before using it again.

**EXEMPT BOILER and/or INDUSTRIAL FURNACE**☐ smelting, melting, refining exemption☐ small quantity on site burner exemption**USED OIL** If you are just a generator of used oil this section does not apply to you.

☐ Transporter ☐ Processor ☐ Marketer who directs shipment to off-specification burner  
☐ Transfer Facility ☐ Re-refiner ☐ Marketer who first claims the oil meets specifications  
☐ Collection Ctr ☐ Off-specification Used Oil Burner

**TRANSFER FACILITY ACTIVITIES**

☐ Mix ☐ Comingle  
☐ Bulk ☐ Repackage  
☐ Pump ☐ Open containers  
☐ Combine ☐ Transfer between vehicles

**UNIVERSAL WASTE**☐ L = large handler: accumulates > or = 11,000 pounds☐ S = small handler: accumulates < 11,000 pounds**HW CODES** Box 1 on the Uniform HW ManifestF006F008**NAICS CODE(S)** A code that describes your type of business332813

(primary)

(Go to [www.naics.com](http://www.naics.com) to find code list)**COMMENTS**

Return to: Facilities Data Analysis Section, Office of Land Quality  
 Indiana Department of Environmental Management  
 100 North Senate Avenue, Room 1101  
 Indianapolis, Indiana 46204-2251

HAZARDOUS WASTE ACTIVITY	OLQ records	Status in 2005	Status in 2006
<b>GENERATOR</b> LQG = large quantity SQG = small quantity CESQG = conditionally exempt	LQG	<input type="checkbox"/> LQG <input type="checkbox"/> Non-handler <input type="checkbox"/> SQG <input type="checkbox"/> Out of Business <input type="checkbox"/> CEG	<input checked="" type="checkbox"/> LQG <input type="checkbox"/> Non-handler * <input type="checkbox"/> SQG <input type="checkbox"/> Out of Business* <input type="checkbox"/> CEG
<b>TREATMENT, STORAGE, DISPOSAL FACILITY</b>		<input type="checkbox"/> Active TSD <input type="checkbox"/> Inactive TSD <input type="checkbox"/> Completed RCRA closure <input type="checkbox"/> Post closure activities	<input type="checkbox"/> Active TSD <input type="checkbox"/> Inactive TSD <input type="checkbox"/> Completed RCRA closure <input type="checkbox"/> Post closure activities
<b>TRANSPORTER</b> S = we transport our own waste C = we transport waste for others X = transporter, status unknown		<input type="checkbox"/> We transport our own waste (S) <input type="checkbox"/> We transport for others (C) <input type="checkbox"/> No longer transport; still in business <input type="checkbox"/> Out of business	* If you checked out of business or non-handler, we will deactivate your ID number. You must reapply for the number before using it again.

**EXEMPT BOILER and/or INDUSTRIAL FURNACE**☐ smelting, melting, refining exemption☐ small quantity on site burner exemption**USED OIL** If you are just a generator of used oil this section does not apply to you.

<input type="checkbox"/> Transporter	<input type="checkbox"/> Processor	<input type="checkbox"/> Marketer who directs shipment to off-specification burner
<input type="checkbox"/> Transfer Facility	<input type="checkbox"/> Re-refiner	<input type="checkbox"/> Marketer who first claims the oil meets specifications
<input type="checkbox"/> Collection Ctr		<input type="checkbox"/> Off-specification Used Oil Burner

**TRANSFER FACILITY ACTIVITIES**

<input type="checkbox"/> Mix	<input type="checkbox"/> Comingle
<input type="checkbox"/> Bulk	<input type="checkbox"/> Repackage
<input type="checkbox"/> Pump	<input type="checkbox"/> Open containers
<input type="checkbox"/> Combine	<input type="checkbox"/> Transfer between vehicles

**UNIVERSAL WASTE**☐ L = large handler: accumulates > or = 11,000 pounds☐ S = small handler: accumulates < 11,000 pounds**HW CODES** Box I on the Uniform HW Manifest

F006 ☐ ☐

F008 ☐ ☐

**NAICS CODE(S)** A code that describes your type of business332813

(primary)

(Go to [www.naics.com](http://www.naics.com) to find code list)**COMMENTS**

Return to: Facilities Data Analysis Section, Office of Land Quality  
 Indiana Department of Environmental Management  
 100 North Senate Avenue, Room 1101  
 Indianapolis, Indiana 46204-2251



OFFICE OF LAND QUALITY  
HAZARDOUS WASTE HANDLER IDENTIFICATION: ID FORM

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(Instructions at [www.in.gov/idem/land/hazwaste/fda.html](http://www.in.gov/idem/land/hazwaste/fda.html))

INFORMATION ON FILE as of 12/01/2005		CHANGES NEEDED (please print)
COUNTY	DELAWARE	Reason for submittal <input type="checkbox"/> Subsequent notification to update information <input type="checkbox"/> As a component of the annual or biennial report
RCRA ID	IND006049456	
NAME	MID CITY PLATING COMPANY INC	
LOCATION ADDRESS	912 E CHARLES ST MUNCIE IN 47305	<input type="checkbox"/> we moved * <input type="checkbox"/> post office change
MAILING ADDRESS	921 E CHARLES ST PO BOX 6 MUNCIE IN 47308	
CONTACT Title Address Phone Fax E-mail	RODNEY MUZZARELLI GEN MGR 921 E CHARLES PO BOX 6 MUNCIE IN 47308 765-289-2374 Ext 765-289-2520 ROD@MCPLATING.COM	
OWNER Address phone fax e-mail	MID CITY PLATING CO INC 921 E CHARLES ST MUNCIE IN 47305 765-289-2374 Ext	Did the owner change? <input type="checkbox"/> Yes <input type="checkbox"/> No Date changed: ____/____/____
Land type Owner type	P <input type="checkbox"/> private <input type="checkbox"/> municipal <input type="checkbox"/> county P <input type="checkbox"/> state <input type="checkbox"/> federal <input type="checkbox"/> district <input type="checkbox"/> Indian <input type="checkbox"/> other	* WARNING If you have moved you may no longer use your old RCRA ID number. IDEM will issue a number for your new location.

Contact for questions on the Annual/Biennial Report:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Title \_\_\_\_\_  
E-mail address \_\_\_\_\_ Phone # \_\_\_\_\_

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Last Name MUZZARELLI First name RODNEY Title GEN. MGR.  
Signature [Signature] Date 2-16-06

**HAZARDOUS WASTE BIENNIAL REPORT**

State Form 52388 (9-05)

Indiana Department of Environmental Management

**FORM  
GM**

RCRA ID | I | N | D | 0 | 0 | 6 | 0 | 4 | 9 | 4 | 5 | 6 |

REPORT YEAR 2005NAME MID CITY PLATING CO, INC.**A. Waste Description**WASTEWATER TREATMENT SLUDGES FROM CN-ZN ELECTROPLATING RQ  
HAZARDOUS WASTE, N.O.S., CLASS 9 UN 3077 PG III, F006 FILTERCAKE**B. Waste Codes**

| F | 0 | 0 | 6 | | | | | | | | | | | | | | | |

**C. Quantity Generated**

| | | | | 1 | 5 | 8 | 0 | 9 | 6 | . | 0 |

☒ pounds  
— tons— kilograms  
— metric tons**D. Form Code**

w | 5 | 0 | 4 |

**E. Source Code**

G | 2 | 3 |

(If G25 enter a management code) H | 0 | 7 | 7 |

		F. RCRA ID of Facility Shipped To	G. Quantity Shipped Off-site	H. Management Code
OFF SITE SHIPMENT	Site #1	M   I   D   0   0   0   7   2   4   8   3   1	3   7   5   6   5   .   0	H   1   1   1   1
	Site #2	O   H   D   0   4   5   2   4   3   7   0   6	1   9   1   0   0   .   0	H   1   3   2
	Site #3	I   L   D   0   0   0   6   6   6   2   0   6	1   0   1   4   3   1   .   0	H   1   1   1   1
	Site #4		.	H

		I. Management Code	J. Quantity Managed On-site
ON SITE MANAGEMENT	System #1	H	.
	System #2	H	.

COMMENTS: \_\_\_\_\_

# HAZARDOUS WASTE BIENNIAL REPORT

State Form 52388 (9-05)

**Indiana Department of Environmental Management**

**FORM**  
**GM**

RCRA ID	I	N	D	0	0	6	0	4	9	4	5	6
---------	---	---	---	---	---	---	---	---	---	---	---	---

**REPORT YEAR 2005**

NAME	MID CITY PLATING CO, INC.
------	---------------------------

### A. Waste Description

SPENT PLATING BATH RESIDUES FROM ELECTROPLATING BATHS WITH CYANIDE  
RQ WASTE CYANIDE SOLUTION, N.O.S., CLASS 6.1 UN 1935 PG III, F008 CYANIDE  
SODIUM CARBONATE

## B. Waste Codes

F	0	0	8
---	---	---	---

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

### C. Quantity Generated

\_\_\_\_\_ 1 2 0 0 . 0 \_\_\_\_\_

\_\_\_\_\_ x pounds \_\_\_\_\_ kilograms  
 \_\_\_\_\_ tons \_\_\_\_\_ metric tons

### D. Form Code

W	1	0	7
---	---	---	---

### E. Source Code

G	0	3
---	---	---

(If G25 enter a management code) H 1 4 1

OFF SITE SHIPMENT		F. RCRA ID of Facility Shipped To	G. Quantity Shipped Off-site	H. Management Code
Site #1	M I D 0 0 0 7 2 4 8 3 1 1	1 1 2 0 0 . 0	H 1 1 1 1	
Site #2	F		H	
Site #3			H	
Site #4			H	

		I. Management Code	J. Quantity Managed On-site
ON SITE MANAGEMENT	System #1	H <input type="text"/>	<input type="text"/> . <input type="text"/>
	System #2	H <input type="text"/>	<input type="text"/> . <input type="text"/>

COMMENTS: \_\_\_\_\_



# HAZARDOUS WASTE BIENNIAL REPORT

State Form 52388 (9-05)

Indiana Department of Environmental Management

FORM  
GM

RCRA ID | I | N | D | 0 | 0 | 6 | 0 | 4 | 9 | 4 | 5 | 6 |

REPORT YEAR 2005

NAME MID CITY PLATING CO, INC.

A. Waste Description

RINSEWATERS FROM ELECTROPLATING

B. Waste Codes

| D | 0 | 0 | 7 | | D | 0 | 0 | 2 | | | | | | | | | | | | | |

C. Quantity Generated

| 4 | 2 | 1 | 1 | 7 | 0 | 0 | 0 | 0 | . | 0 |

☒ pounds  
tons

☐ kilograms  
metric tons

D. Form Code

W | 1 | 1 | 0 |

E. Source Code

G | 0 | 3 |

(If G25 enter a management code) H | 0 | 7 | 1 |

F. RCRA ID of Facility Shipped To

G. Quantity Shipped Off-site

H. Management Code

Site #1

| | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | |

H | | | | |

Site #2

| | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | |

H | | | | |

Site #3

| | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | |

H | | | | |

Site #4

| | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | |

H | | | | |

I. Management Code

J. Quantity Managed On-site

System #1

H | 0 | 7 | 1 |

| 4 | 2 | 1 | 1 | 7 | 0 | 0 | 0 | 0 | . | 0 |

System #2

H | | | | |

| | | | | | | | | | | | | | | | | | | | | |

COMMENTS: GALLONS OF Rinsewater processed in pretreatment prior to discharge to POTW  
S.G. 1.0 AT 8.35 LB/GAL



**HAZARDOUS WASTE BIENNIAL REPORT**

State Form 52389 (9-05)

Indiana Department of Environmental Management

RECEIVED  
FEB 27 2006FORM  
01

RCRA ID | I | N | D | 0 | 0 | 6 | 0 | 4 | 9 | 4 | 5 | 6 |

REPORT YEAR 2005

NAME MID CITY PLATING CO., INC.

Off-Site Installation#1	RCRA ID	M   I   D   0   0   0   7   2   4   8   3   1											<input type="checkbox"/> Generator			
	Name	MICHIGAN DISPOSAL WASTE TREATMENT PLANT													<input type="checkbox"/> Transporter	
	Address	Street 49350 NORTH 1-94 SERVICE DR City BELLEVILLE State MI ZIP 48111													<input checked="" type="checkbox"/> Treatment, Storage, Disposal	

Off-Site Installation#2	RCRA ID	O   H   D   0   4   5   2   4   3   7   0   4											<input type="checkbox"/> Generator			
	Name	ENVIROSAFE SERVICES OF OHIO													<input type="checkbox"/> Transporter	
	Address	Street 876 OTTER CREEK RD City OREGON State OH ZIP 43616													<input checked="" type="checkbox"/> Treatment, Storage, Disposal	

Off-Site Installation#3	RCRA ID	I   L   D   0   0   0   6   6   6   2   0   6											<input type="checkbox"/> Generator			
	Name	ENVIRITE OF ILLINOIS, INC.													<input type="checkbox"/> Transporter	
	Address	Street 16435 CENTER AVE. City HARVEY State IL ZIP 60426													<input checked="" type="checkbox"/> Treatment, Storage, Disposal	

Off-Site Installation#4	RCRA ID												<input type="checkbox"/> Generator			
	Name														<input type="checkbox"/> Transporter	
	Address	Street City State ZIP													<input type="checkbox"/> Treatment, Storage, Disposal	

COMMENTS: \_\_\_\_\_



# INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

*We make Indiana a cleaner, healthier place to live.*

Mitchell E. Daniels, Jr.  
Governor

Thomas W. Easterly  
Commissioner

100 North Senate Avenue  
Indianapolis, Indiana 46204  
(317) 232-8603  
(800) 451-6027  
[www.idem.IN.gov](http://www.idem.IN.gov)

June 9, 2006

Rodney Muzzarelli  
Mid City Plating Company Inc  
Muncie, IN

RE: 2005 Hazardous Waste Report  
IND006049456

Dear Mr. Muzzarelli:

We have conducted a review of your 2005 Hazardous Waste report and have a few questions. Please review the indicated items, make any needed corrections, and submit the corrected GM form(s) as soon as possible. You may send the forms via regular mail, fax, or e-mail. If you have any questions, please feel free to contact me. Thank you.

Form	Page	Item	Question
GM	1 (Site #2)	Off site mgmt code	This TSD facility is not permitted for H111. Please select another code. H132 is OK to use here for Envirosafe Services of Ohio.
GM	2	Off site mgmt code	This TSD facility is not permitted for H073. Please select another code. H111, H112, H121, H129, H131, and H141 are OK to use here.
GM	3	Unit of measure	Missing. Please indicate the unit of measure for the quantity of waste generated.

Sarah Germann  
Environmental Scientist  
Office of Land Quality  
[sgermann@idem.in.gov](mailto:sgermann@idem.in.gov)  
phone: 317-233-1521  
fax: 317-234-0428

**GERMANN, SARAH**

---

**From:** GERMANN, SARAH  
**Sent:** Thursday, August 03, 2006 11:36 AM  
**To:** 'rod@mcplating.com'  
**Subject:** RE: 2005 Biennial Report  
**Attachments:** Mid City Plating Company Inc.doc

*read 8/3/06*

Mr. Muzzarelli,

I sent a correction letter for your 2005 Hazardous Waste Biennial Report on June 9, 2006. Could you please verify that you have received this information and respond as soon as possible? Please feel free to contact me with questions!

Thank you,  
Sarah

---

**From:** GERMANN, SARAH  
**Sent:** Friday, June 09, 2006 8:43 AM  
**To:** 'rod@mcplating.com'  
**Subject:** 2005 Biennial Report

Please review the attached information. Thank you.

Sarah Germann  
Indiana Department of Environmental Management  
Office of Land Quality  
Facilities Data Analysis Section  
317.233.1521  
sgermann@idem.IN.gov

8/3/2006

**GERMANN, SARAH**

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**From:** Martha Martin **Exemption 6**  
**Sent:** Monday, August 07, 2006 9:06 AM  
**To:** GERMANN, SARAH  
**Subject:** FW: 2005 Biennial Report  
**Attachments:** MC 2006 GM1.doc; MC 2006 GM2.doc; MC 2006 GM3.doc

Here are the corrections to the Mid City Plating Co., Inc. Hazardous Waste Report. They were faxed to your office, but apparently they were not received. Martha Martin

---

**From:** Rod Muzzarelli [mailto:midcity@sprynet.com]  
**Sent:** Thursday, August 03, 2006 2:00 PM  
**To:** Tom Martin  
**Subject:** Fw: 2005 Biennial Report

----- Original Message -----

**From:** GERMANN, SARAH  
**To:** [rod@mcplating.com](mailto:rod@mcplating.com)  
**Sent:** Thursday, August 03, 2006 10:35 AM  
**Subject:** RE: 2005 Biennial Report

Mr. Muzzarelli,

I sent a correction letter for your 2005 Hazardous Waste Biennial Report on June 9, 2006. Could you please verify that you have received this information and respond as soon as possible? Please feel free to contact me with questions!

Thank you,  
Sarah

---

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**Subject:** 2005 Biennial Report

Please review the attached information. Thank you.

Sarah Germann  
Indiana Department of Environmental Management  
Office of Land Quality  
Facilities Data Analysis Section  
317.233.1521  
[sgermann@idem.IN.gov](mailto:sgermann@idem.IN.gov)

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I am using the free version of SPAMfighter for private users.  
It has removed 3628 spam emails to date.  
Paying users do not have this message in their emails.

8/7/2006



# HAZARDOUS WASTE BIENNIAL REPORT

State Form 52388 (9-05)

Indiana Department of Environmental Management

FORM  
CM

RCRA ID I N D 0 0 6 0 4 9 4 5 6

REPORT YEAR 2005

NAME MID CITY PLATING CO, INC.

## A. Waste Description

WASTEWATER TREATMENT SLUDGES FROM CN-ZN ELECTROPLATING RQ  
HAZARDOUS WASTE, N.O.S., CLASS 9 UN 3077 PG III, F006 FILTERCAKE

## B. Waste Codes

F 0 0 6

## C. Quantity Generated

1 5 8 0 9 6 . 0 ☒ pounds ☐ kilograms  
☐ tons ☐ metric tons

## D. Form Code

w 5 0 4

## E. Source Code

G 2 3  
(If G25 enter a management code) H 0 7 7

## F. RCRA ID of Facility Shipped To

## G. Quantity Shipped Off-site

## H. Management Code

OFF-SITE SHIPMENT	Site #1	M I D 0 0 0 7 2 4 8 3 1	3 7 5 6 5 . 0	H 1 1 1 1
	Site #2	O H D 0 4 5 2 4 3 7 0 6	1 9 1 0 0 . 0	H 1 1 1 1
	Site #3	I L D 0 0 0 6 6 6 2 0 6	1 0 1 4 3 1 . 0	H 1 1 1 1
	Site #4			H

## I. Management Code

## J. Quantity Managed On-site

ON-SITE MANAGEMENT	System #1	H	
	System #2	H	

COMMENTS:



# HAZARDOUS WASTE BIENNIAL REPORT

State Form 52388 (9-05)

Indiana Department of Environmental Management

FORM  
GM

RCRA ID I | N | D | 0 | 0 | 6 | 0 | 4 | 9 | 4 | 5 | 6 |

REPORT YEAR 2005

NAME MID CITY PLATING CO, INC.

## A. Waste Description

SPENT PLATING BATH RESIDUES FROM ELECTROPLATING BATHS WITH CYANIDE  
RQ WASTE CYANIDE SOLUTION, N.O.S., CLASS 6.1 UN 1935 PG III, F008 CYANIDE  
SODIUM CARBONATE

## B. Waste Codes

F | 0 | 0 | 8 |

## C. Quantity Generated

1 | 2 | 0 | 0 | . | 0 | ☒ pounds ☐ kilograms  
☐ tons ☐ metric tons

## D. Form Code

W | 1 | 0 | 7 |

## E. Source Code

G | 0 | 3 |  
(If G25 enter a management code) H | 1 | 4 | 1 |

## E. RCRA ID of Facility Shipped To

## G. Quantity Shipped Off-site

## H. Management Code

OFF SITE SHIPMENT	Site #1	<u>M   I   D   0   0   0   7   2   4   8   3   1  </u>	<u>1   2   0   0   .   0  </u>	<u>H   0   7   3  </u>
	Site #2			<u>H  </u>
	Site #3			<u>H  </u>
	Site #4			<u>H  </u>

## I. Management Code

## J. Quantity Managed On-site

ON SITE MANAGEMENT	System #1	<u>H  </u>	<u>1   2   0   0   .   0  </u>
	System #2	<u>H  </u>	<u>1   2   0   0   .   0  </u>

COMMENTS:

## HAZARDOUS WASTE BIENNIAL REPORT

State Form 52388 (9-05)

Indiana Department of Environmental Management



**FORM**  
**GM**

RCRA ID	I	N	D	0	0	6	0	4	9	4	5	6
---------	---	---	---	---	---	---	---	---	---	---	---	---

**REPORT YEAR 2005**

**NAME** MID CITY PLATING CO, INC.

A. Waste Description	RINSEWATERS FROM ELECTROPLATING

B. Waste Codes	D	0	0	7	D	0	0	2												

C. Quantity Generated	<div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 100%; text-align: center;">             _____           </div> <div style="margin-left: 10px;">             _____ pounds              _____ tons           </div> <div style="margin-left: 20px;">             _____ kilograms              _____ metric tons           </div> </div>									
	<div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 100%; text-align: center;">             _____           </div> </div>									

D. Form Code	W 1 1 0	E. Source Code	G 0 3 (If G25 enter a management code) H 0 7 1
--------------	---------	----------------	---

		F. RCRA ID of Facility Shipped To	G. Quantity Shipped Off-site	H. Management Code
OFF SITE SHIPMENT	Site #1			H
	Site #2			H
	Site #3			H
	Site #4			H

		I. Management Code	J. Quantity Managed On-site
		ON SITE MANAGEMENT	System #1
	System #2	H	.

**COMMENTS:** GALLONS OF RINSEWATER PROCESSED IN PRETREATMENT PRIOR TO DISCHARGE TO POTW  
S.G. 1.0 AT 8.35 LB/GAL